## **Independent Citizens Redistricting Commission**

Application Review and Quality Control Sheet

|   | pplicant Nan   | ne: Emily  | Ann Brown                   |               |
|---|----------------|--|-----------------------------|---------------|
| •   | ate Received   | 0 10 10  |                             | 10449         |
| Recommended Applicant Pool Status: Final Applicant Pool Status: |                |  |                             |               |
|   | Included       | П.   | ✓Included                   | Removed       |
| <u> </u>  |                |  | 1                           |               |
|   |                | ication received before the s  |                             | □Yes □No      |
| 2.  | Is the applica | time/date application was re<br>tion complete?<br>the item(s) that need to be co |                             | —<br>□Ves □No |
| 3.  | Indicate how   | the applicant responded to t   | the following questions:    |               |
|   |                | enrolled in a college/universi   |                             | □YeşÆNo       |
|   | -              | nsider I and ii only; If NO, cons<br>teside in the City of Austin?               | suce i, ii, iii, uilu sv-   | □Yes □No      |
|   | ii. F          | tegistered to vote in the City   | of Austin?                  | ∐Yes □No      |
|   | iii. C         | Continuously registered to vo  | te in the City of Austin?   | ∕ÚYes □No     |
|   | īv. 🐧          | loted in 3 of the last 5 City of   | f Austin general elections? | ☐Yes ☐No      |
| ÷   |                | eded related to REQUIREME  |                             | □Yes ☑No      |

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| Application neview and con-  |                 |
|--|-----------------|
| CONFLICTS OF INTEREST:  4. Did the applicant respond "Yes" to any conflict of interest questions?  If YES, indicate which question(s): | □yes ☑no        |
| Follow-up needed related to CONFLICTS OF INTEREST?  If YES, identify issue(s) addressed and disposition:                               | □Yes □No        |
| CONSISTENCY:  5. Are applicant answers consistent?  If NO, indicate which answer(s):   | ☑Yes □No        |
| Follow-up needed related to CONSISTENCY?  If YES, identify issue(s) addressed and disposition:   | □Yes ØNO        |
| Application Reviewed By: Review Date:  | 2/25/B<br>2/213 |
| Application Reviewed By: QC Review Date:   | 2/27/13         |

Quality Control Review By:

Follow-up Contact(s) Reviewed By: \_\_\_